

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE		
							APPLICANT(S)			
CLAIMS										
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		★		★	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51			
2	1		1				52			
3		2	<del>1</del>				53			
4		①		2			54			
5		2		2			55			
6		2		2			56			
7		2		2			57			
8		2		2			58			
9		2	<del>2</del>				59			
10		2		2			60			
11		2		2			61			
12		①		2			62			
13		①		2			63			
14		2		2			64			
15	1		1				65			
16		1		1			66			
17		1		1			67			
18		1		1			68			
19		1	1				69			
20		1	1				70			
21		2		2			71			
22		2		2			72			
23							73			
24							74			
25							75			
26							76			
27							77			
28							78			
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43							93			
44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
TOTAL IND.	3	↓	5	↓		↓	TOTAL IND.		↓	
TOTAL DEP.	30	←	27	←		←	TOTAL DEP.		←	
TOTAL CLAIMS	33	***	32				TOTAL CLAIMS			

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

FORM PTO-1360 (REV. 3-78)

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